REMARKS

I. Overview

Claims 1-10 are pending in this application. Please cancel claims 6-10. The present response is an earnest effort to place all claims in proper form for allowance. Reconsideration and immediate passage to issuance are respectfully requested.

II. Changes to the Specification

The changes to the specification are supported by the formula on page 4 of the specification.

III. Rejection Under 35 U.S.C. § 102

Claims 6-10 were rejected under 35 U.S.C. § 102 as anticipated by Arnold et al. (U.S. 5,670,516). These claims are now cancelled making the rejection moot.

IV. Rejection Under 35 U.S.C. § 103

Claims 1-10 were rejected under 35 U.S.C. § 103(a) as unpatentable over Arnold (U.S. 5,670,516). Claims 6-10 are cancelled leaving claims 1-5. Claims 1-5 are directed to a method of inducing spinal anesthesia using 6-[2-(1(2)H-tetrazole-5-yl)ethyl]decahydroisoquinoline-3-carboxylic acid.

Arnold et al. teaches the use of 6-[2-(1(2)H-tetrazole-5-yl)ethyl]decahydroisoquinoline-3-carboxylic acid as an analgesic agent and to treat spinal cord trauma. Arnold does not teach the use of 6-[2-(1(2)H-tetrazole-5-yl)ethyl]decahydroisoquinoline-3-carboxylic acid for anesthesia.

Analgesia is a decrease in pain. An analgesic drug decreases a patient's report of pain. Many drugs have analgesic properties. When injected into the spinal fluid, opioids (narcotics) produce analgesia. Clonidine also produces analgesia when injected into the spinal fluid around the spinal canal. These drugs by themselves do not produce anesthesia.

Anesthesia is the complete blockade of the motor and sensory response during surgery. That is, the patient can not perceive surgery is occurring and does not respond to the surgery with any movement.

Many anesthetic drugs are not analgesics. Most analgesic drugs, with the exceptions of the drugs of the current disclosure, are not anesthetics. In short, an analgesic drug is not necessarily the same as an anesthetic drug. Just because 6-[2-(1(2)H-tetrazole-5-yl)ethyl]decahydroisoquinoline-3-carboxylic acid is known as an analgesic does not make it obvious that it is an anesthetic. The current claims (1-5) are narrowly focused on a method of anesthesia.

Drugs producing anesthesia include volatile anesthetics which are inhaled by the patient when administered by a face mask. These volatile anesthetics can not be injected into the spinal fluid. Local anesthetics produce spinal anesthesia when injected into the fluid around the spinal canal. No other class of drugs, except the drugs of the current invention, when injected into the spinal fluid produce spinal anesthesia.

Therefore, it is not obvious that administration of a drug that is not a local anesthetic into the spinal fluid will produce spinal anesthesia. Treatment using 6-[2-(1(2)H-tetrazole-5-yl)ethyl]decahydroisoquinoline-3-carboxylic acid is novel because it is not a local anesthetic (specification, p. 3, lines 12-15) yet it is a spinal anesthetic. This provides the advantage of no side effect of hypotension that is associated with local anesthetics.

The Examiner states that it would have been obvious to one of ordinary skill to select intrathecal administration as the best mode for the purposes of delivery of an anesthetic to the spinal cord. The underlying assumption is that 6-[2-(1(2)H-tetrazole-5-yl)ethyl]decahydroisoquinoline-3-carboxylic acid is known as a spinal anesthetic. There is no

teaching in Arnold et al that 6-[2-(1(2)H-tetrazole-5-yl)ethyl]decahydroisoquinoline-3-carboxylic acid is a spinal anesthetic. Only in applicant's disclosure is it revealed that 6-[2-(1(2)H-tetrazole-5-yl)ethyl]decahydroisoquinoline-3-carboxylic acid is a spinal anesthetic.

Arnold et al. reveal that 6-[2-(1(2)H-tetrazole-5-yl)ethyl]decahydroisoquinoline-3-carboxylic acid can treat spinal cord trauma (col. 35, line 46). However, the list of ways to administer the drug (col. 35, lines 30-34) does not include intrathecal administration. This is because treatment for spinal cord trauma is completely different than anesthesia. In patients with spinal cord trauma, drugs like this can be administered intravenously to try to reduce the damage caused by the trauma. That damage caused by nervous system trauma results in fibrosis and nerve loss. Later long-term sensory and motor dysfunction occur. Treatment of spinal cord trauma with this class of drugs attempts to prevent nerve loss secondary to injury. This is usually accomplished by injecting a drug into a vein immediately after trauma has occurred. For spinal anesthesia, the intrathecal injection delivers the drug to the fluid surrounding the spinal cord. The method and purpose for using 6-[2-(1(2)H-tetrazole-5-yl)ethyl]decahydroisoquinoline-3-carboxylic acid are distinct between Arnold et al. and the present invention.

No additional fees or extensions of time are believed to be due in connection with this amendment; however, consider this a request for any extension inadvertently omitted, and charge any additional fees to Deposit Account No. 26-0084.

Reconsideration and allowance is respectfully requested.

Respectfully submitted,

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